



Testimony presented by Art Tarantino, M.D.

In Public Health Committee

On

March 11, 2015

S.B. No. 809 AN ACT CONCERNING FACILITY FEES

And

S.B. No. 993 AN ACT CONCERNING FACILITY FEES.

Senator Looney, Senator Fasano and members of the Committee on Public Health. My name is Dr. Art Tarantino and I am a board certified urologist practicing in Hartford. Today I am speaking on behalf of the over 1,000 physicians of the Connecticut ENT Society, Connecticut Society of Eye Physicians, the Connecticut Dermatology and Dermatologic Surgery Society and the Connecticut Urologic Society in support of proposed bill #809 and #993.

With the ever changing landscape in medicine in Connecticut today, the delivery of medical care, and specifically where this medical care is performed, is in flux.

As more physicians and allied health care providers become hospital employees, tests and procedures routinely performed in physician offices are subject to a burdensome facility fee for the hospital simply based on where the service is provided. If a patient is seen in a facility owned by a hospital, the fee is charged; in a private physician's office, no fee exists.

With the onset of many changes in insurance plans with the Affordable Care Act, many patients are already facing higher out-of-pocket costs due to higher deductible plans, and higher premiums. These changes shift an increasing cost of medical services performed on to the patient.

In many places in Connecticut, like Waterbury, there are limited options for patients as to where tests and procedures can be performed. Many of our patients have limited access to transportation or do not wish to leave their "medical home" for routine tests and procedures.

For example, from an ENT point of view, diagnostic testing in Group 1 includes routine hearing and allergy testing as well as endoscopies of the upper airway including the nose and larynx. These tests are performed routinely in a physician's office for evaluation and management of medical problems such as hearing loss, allergies, sinus infections, and hoarseness. In addition, procedures in Group 2 include fine-needle biopsies and excision of skin lesions, which can be performed safely in an outpatient setting. Again, these tests and procedures are performed routinely and safely every day in doctor's offices across Connecticut. They are not performed with general anesthesia or other parameters requiring a hospital based setting. They incur no facility fee in our office.

Same procedure, same level of care, same level of work and same level of expertise. However, simply based on place of service, an additional facility fee is charged to the patient and this charge is frequently not covered by insurance. In fact, the patient is often not aware the fee will be charged until they receive their bill in the mail. This is unfair to the patient who cannot travel elsewhere in the state for health care due to transportation or geographical reasons.

We are also concerned that insurers, in an attempt to control their costs, may begin to decrease reimbursement for the performance of the test/procedure forcing a hospital to raise the facility fee further and shift even more of the cost to the consumer and away from the insurer. This would occur despite the patient paying premiums for presumed coverage for routine tests and procedures.

In closing, as providers of health care in Connecticut, we object to the addition of facility fees which penalize patients who are simply seeking solutions to their medical problems and health issues. Significant costs, between rising premiums and rising deductibles have already been shifted to the patients. Facility fees are an unfair additional cost which must be tempered and controlled.

Thank you for your time and consideration.